

**This form must
be typed.**

IN THE SUPREME COURT OF MISSOURI

Application for Certificate to Practice Temporarily for Lawyers Applying for Admission to The Missouri Bar

I, _____ declare under penalty of perjury:

- (1) that I have applied for admission in Missouri under Rule 8.07, Rule 8.10 or Rule 8.105;
- (2) that I have not previously failed the Missouri bar examination;
- (3) that I am an active member in good standing of the highest court of a state or territory of the United States;
- (4) that I am not under suspension or disbarment by any court of record or the subject of any pending disciplinary complaints;
- (5) that I am not ineligible under Rule 8.04 to apply for admission;
- (6) that I will be supervised as provided in Rule 4-5.1 by the active Missouri licensed attorney whose name, bar enrollment number and address are shown below:

Supervising Attorney's Name

Address

MO Bar #

- (7) that attached to this application is a statement from the supervising lawyer agreeing to the specified supervision;
- (8) that I understand this application for a certificate to practice law in this state temporarily must be approved by the Court;
- (9) that if I am issued a certificate to practice law in this state temporarily, it will be valid for 12 months from the date it is issued, unless revoked before the expiration of 12 months;
- (10) that the certificate shall be revoked immediately without further action by the Court if I
 - (1) Fail the bar examination,
 - (2) Fail to take the bar examination when eligible to do so,
 - (3) Am denied permission to take the bar exam or denied on character and fitness grounds, or
 - (4) Am denied admission without examination or as in-house counsel and am not permitted to take the bar examination lieu thereof;
- (11) that I have thoroughly familiarized myself with and will abide by Supreme Court Rule 4, Rules of Professional Conduct;
- (12) that I acknowledge the jurisdiction of the Supreme Court of Missouri and Chief Disciplinary Counsel over my professional conduct.

I hereby swear (or affirm) under penalty of perjury, that all statements herein were made by me and are true and complete.

Dated this day of 20 .

Signature of Applicant

Subscribed and sworn to before me this day of 20 .

Notary Public

[Seal or stamp must be affixed]

In the Application of:

(Applicant's Name and Social Security Number)

STATEMENT OF SUPERVISING ATTORNEY

(Supervising Attorney's Full Name and Missouri Bar Number)

I state that I am an active member in good standing of the Missouri Bar.

If the above-named applicant is granted a certificate to practice law in Missouri temporarily pursuant to Rule 8.06, I agree to exercise supervisory responsibility for the applicant as provided in Rule 4-5.1 during the period that the certificate is valid.

Signature of Supervising Attorney

Print or Type Supervising Attorney's Name

(List Below Supervising Attorney's Business Address and Daytime Telephone Number)

Street Address

City, State, Zip

Daytime Telephone